

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	
1	/						51		/					
2		/					52		/					
3		/					53		/					
4		/					54		/					
5		/					55		/					
6		/					56		/					
7		/					57		/					
8		/					58		/					
9		/					59		/					
10		/					60		/					
11		/					61		/					
12		/					62		/					
13		/					63		/					
14		/					64		/					
15		/					65		/					
16		/					66		/					
17		/					67		/					
18		/					68		/					
19		/					69							
20		/					70							
21		/					71							
22		/					72							
23	/						73							
24		/					74							
25		/					75							
26		/					76							
27		/					77							
28		/					78							
29		/					79							
30		/					80							
31		/					81							
32		/					82							
33		/					83							
34		/					84							
35		/					85							
36		/					86							
37		/					87							
38		/					88							
39		/					89							
40		/					90							
41		/					91							
42		/					92							
43	/						93							
44		/					94							
45		/					95							
46		/					96							
47		/					97							
48		/					98							
49		/					99							
50		/					100							
TOTAL IND.	↓		↓		↓		TOTAL IND.	3	↓		↓		↓	
TOTAL DEP.	←		←		←		TOTAL DEP.	65	←		←		←	
TOTAL CLAIMS							TOTAL CLAIMS	68						